FORM D

UNITED STATES 1999 10 SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB NUMBER: Expires: Estimated average hours per response							

	SEC USE ONL	Υ
refix		Serial
		<u> </u>
	Date Received	

Name of Offering (check if this is an amendment and name has changed, and indicate ch 2008 Offer and Sale of Limited Liability Company Membership Interests	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	099 668
1. Enter the information requested about the issuer	
Name of Issuer (Check if this is an amendment and name has changed, and indicate change SCS Private Investment Fund I, LLC	Washington, DC
Address of Executive Offices (Number and Street, City, State, Zip Code) One Winthrop Square, Boston, MA 02110	Telephone Number (Including Area Code) 617-204-6433
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PROCESSED
To act as an investment fund.	JUL 112008
	THOMSON REUTERS ✓ other (please specify): imited liability company
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under R et seq. or 15 U.S.C. 77d(6)	egulation D or Section 4(6), 17 CFR 230.501
When to File: A notice must be filed no later than 15 days after the first sale of securities Securities and Exchange Commission (SEC) on the earlier of the date it is received by the address after the date on which it is due, on the date it was mailed by United States registe	n the U.S. ∶d at that
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washi	11111 1111 1111 1111 1111 1111 1111 1111
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which a signed must be photocopies of the manually signed copy or bear typed or printed signatures.	08054620 .anually

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice in contained in this form.

A, BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☑ General and/or ☐ Executive Officer Director ☐ Beneficial Owner Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) SCS Capital Management, LLC (Number and Street, City, State, Zip Code) **Business or Residence Address** One Winthrop Square, Boston, MA 02110 Executive Officer Director ☐ General and/or ☐ Beneficial Owner Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) General and/or ■ Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Director Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address ☐ Executive Officer General and/or Beneficial Owner Director Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Director General and/or Promoter Beneficial Owner Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual)

(Number and Street, City, State, Zip Code)

Business or Residence Address

				B. INFO	ORMATIO	N ABOUT	OFFERE	NG				
Has the iss	uer sold, o	r does the is	suer intend	to sell, to a	non-accredi	ted investor	rs in this of	fering?	,		Yes	No ⊠
			Ansv	wer also in	Appendix, (Column 2,	if filing und	ier ULOE.				
2. What is the	e minimum	investmen	t that will b	e accepted	from any in	dividual?					\$ <u>100,</u>	000
											Yes	No
3. Does the o											\boxtimes	
If a person or states, li	n or simila to be listed st the name	r remunerat I is an assoc e of the brol	ion for solic iated perso ker or deale	citation of p n or agent or r. If more	has been opurchasers in the broker of the br	n connection or dealer re) persons to	on with sale gistered wit o be listed a	s of securit th the SEC:	ies in the of and/or with	itering. a state		
Full Name (La	ast name fi	rst, if indivi	dual)									
Business or R	oridance A	ddrace (Nu	mber and S	treet City	State 7 in C	Code)	· · · · · · · · · · · · · · · · · · ·					
Dustiless of K	esidence A	iduless (IAM	moet and S	neet, City,	State, Zip C	out)						
Name of Asso	ciated Bro	ker or Deal	er							<u></u>		
States in Whi												All States
(Check "A [AL]	All State" o	or check ind [AZ]	ividual Stat [AR]	ies) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	 (HI)	=*
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	
Business or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)					<u>-</u>	
Name of Asso	ociated Bro	ker or Deal	er	_	·							
States in Whi	ch Person I	Listed Has	Solicited or	Intends to	Solicit Purc	hasers						
					[CO]		[DE]	[DC]	[FL]	[GA]	∟ [HI]	All States [ID]
[AL]	[AK]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	(CT) [ME]	[MD]	[MA]	[MI]	[MN]	• -	
(IL) [MT]	[IN] [NE]			[NJ]	[NM]		[NC]	[ND]	[OH]	[OK]		[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	
Full Name (L				[17]	Į O I J		[,,,,]	[.,,,,]		[]		()
Tun mune (E	ust marre 11											
Business or R	Residence A	Address (Nu	mber and S	treet, City,	State, Zip C	Code)			<u> </u>			
		·		-								
Name of Asse	ociated Bro	ker or Deal	ег									
States in Whi												T All 64-44
,					[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	 [HI]	All States [ID]
[AL]	[AK]	[AZ]	[AR] [KS]	[CA] [KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]		
(IL) (MT)	(IN) [NE]	[IA] [NV]	[NH]	[NJ]	[LA] [NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
` .		[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	(WA)	[WV]	(WI)	[WY]	
[RI]	[SC]	[מט]	LINI	[t A]	[A1]	['']	[7]	Live	r., ,)	ι … • J		1

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. 		
, ,	Aggregate Offering Pr	
Type of Security		
Debt		
Equity	\$ <u> </u>	\$0
☐ Common ☐ Preferred		
Convertible Securities (including warrants)	\$ <u>0</u>	<u> </u>
Partnership Interests	\$ <u> </u>	<u> </u>
Other (Specify Limited Liability Company Interests)	\$ 30,000,0	<u>000</u> \$ <u>2,861,000</u>
Total	\$ <u>30,000,</u>	000 \$2,861,000
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investor	
Accredited Investors	4	\$ <u>2,861,000</u>
Non-accredited Investors	0	\$0
	21/4	e 3.1/4
Total (for filings under Rule 504 only)	N/A	\$ <u>N/A</u>
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Type of offering	Type of Security	y Sold
Rule 505	N/A_	
Regulation A	N/A_	
Rule 504	N/A	
Total	N/A_	\$ <u>N/A</u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		□ \$ <u> </u>
Printing and Engraving Costs		\$ 0
Legal Fees	•••••	⊠ \$ 40,000
Accounting Fees		⊠ \$ <u>40,000</u>
Engineering Fees		\$0
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (identify) Blue Sky Filing Fees		□ \$ <u>1,275</u>
Total		⊠ \$ <u>81,275</u>

C. OFFERING	PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	or rivounds	
I and total expenses furnished in	aggregate offering price given in response to Part C - Question response to Part C - Question 4.a. This difference is the sucr."		\$ <u>29,918,725</u>
used for each of the purposes shown estimate and check the box to the lef	justed gross proceeds to the issuer used or proposed to be . If the amount for any purpose is not known, furnish an it of the estimate. The total of the payments listed must equal sucr set forth in response to Part C - Question 4.b above.		
the adjusted gross proceeds to the is-	and section in responde to that a section is a new to	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		□ \$ <u> </u>	\$ _0
Purchase of real estate		□ \$ <u> </u>	□ \$ <u> </u>
Purchase, rental or leasing and in	nstallation of machinery and equipment	\$ 0	\$_0
Construction or leasing of plant	buildings and facilities	. S 0	\$ 0
offering that may be used in exc	(including the value of securities involved in this hange for the assets or securities of another	□ \$ 0	□ s 0
		□ \$ 0	□ \$ 0
• •		s	\$ 29,918,725
· · · · · · · · · · · · · · · · · · ·		□ \$ <u>0</u>	□ \$ _0
		\$	\$\frac{29.918,725}{}
Total Payments Listed (column	totals added)	⊠ \$_	<u> 29,918,725</u>
	D. FEDERAL SIGNATURE		
following signature constitutes an ur	tice to be signed by the undersigned duly authorized person. It is needed have to furnish to the U.S. Securities and Execute to the business of the issuer to any non-accredited investor pursuant to paragraph.	hange Commission,	upon written request
Issuer (Print or Type)	Signature	Date	
SCS Private Investment Fund I, LLC	- HARA	July (, 2	008
Name of Signer (Print or Type)	Title of Signer (Print or Type)	-	
Joseph McCuine	Manager, SCS Capital Management, LLC, its Man		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
l. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No
See Appendix, Column 5, for state response.		
 The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is fit Form D (17 CFR 239,500) at such times as required by state law. 	iled, a notice on	
 The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information f issuer to offerees. 	urnished by the	
The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.	to the Uniform ing the availability	
The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on undersigned duly authorized person.	its behalf by the	
Signature Date		
SCS Private Investment Fund I, LLC July	(, 2008	
Name of Signer (Print or Type) Tiple of Signer (Print or Type)		

Manager, SCS Capital Management, LLC, its Managing Member

Joseph McCuine

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

<u> </u>	1	2	3		4			. 5		
	Intend to non-a investor	d to sell accredited rs in State 3-ltem 1	Type of security and aggregate offering price offered in state (Part C Item 1)		Type of investor a amount purchased in (Part C-Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Limited Liability Company Membership Interests	y Number of Accredited Investors Amount Number of Non-Accredite d Investors		Amount	Yes	No		
AL										
AK										
AZ	_									
AR										
CA										
CO										
CT										
DE										
DC										
FL										
GA										
НІ										
ID								,		
IL										
IN										
ΙA								<u> </u>		
KS										
KY										
LA										
ME										
MD										
MA		Х	\$30,000,000	3	\$2,361,000	0	\$0		х	
MI										
MN										
MS										

APPENDIX

1		2	3	5					
	to non-a	d to sell accredited rs in State 3-ltem 1	Type of security and aggregate offering price offered in state (Part C. Item 1)		Type of invest amount purchase (Part C-Iter	u:	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Limited Liability Company Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE									
NV									
NH								_	
NJ									
NM									
NY									
NC									
ND									
ОН									
OK									
OR									
PA		Х	\$30,000,000	1	\$500,000	0	\$ 0		X
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									

				A	PPENDIX				
to inv	Intend to sell to non-accredited investors in State (Part B-Item 1				Type o amount p (Pai	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Limited Liability Company Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									
Intern'l.									

